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ATTORNEY DOCKET NO.: _____

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

ABSORBENT COMPOSITE SHEET AND ABSORBENT ARTICLE USING THE SAME

the specification of which (check one):

- ☐ is attached hereto.
☒ was filed on September 15, 2003 as Application Serial No. 10/663,432
☐ was filed on _____ as International Application (PCT) No. _____, and was amended on _____ if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which the priority is claimed.

PRIOR FOREIGN APPLICATION(S)

NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	PRIORITY CLAIMED
2002-269937	Japan	17/09/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating The United States of America listed below and insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (Patented, Pending or Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Allan M. Lowe, Registration Number 19,641; Benjamin J. Hauptman, Registration Number 29,310; Michael G. Gilman, Registration Number 19,114; Kenneth M. Berner, Registration Number 37,093; and Randy A. Noranbrock, Registration Number 42,940.

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I hereby authorize the U.S. attorneys and agents named herein to accept and following instructions from _____ to any actions to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys will be so notified by the undersigned.

☒ See following page(s) for additional joint inventors.

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DECLARATION AND POWER OF ATTORNEY

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Citizenship:	
Post Office Address:	

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Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Fifth Inventor:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	